



SERVICE EQUIPMENT REQUEST

Agency: _____ Requester: _____

Address: _____ Phone: _____ Date: _____

Please complete one form for each application/function requested. If more space is needed please attach additional sheets.

1. What type of equipment is being requested?

a. how many pieces of equipment are being requested?

2. Is this a new addition _____ or a replacement _____?

a. How do you currently receive this service? (If replacement, describe present equipment: make, model and acquisition date)

b. How much are you presently spending to get this service done?

3. Your current average monthly volume _____?

a. Your anticipated monthly volume for the next 5 years: 1st _____ 2nd _____ 3rd _____ 4th _____
5th _____?

4. Your justification for this request:

5. If you are requesting specific equipment, please complete the following:

a. Make: _____ Model: _____

b. Why did you select this particular equipment? (please be specific)

c. What is the expected useful life of this equipment at your anticipated volume?

d. How do you plan to acquire this equipment?

1. Rent \$ _____/mo. 2. Purchase price \$ _____

3. Lease Purchase \$ _____/mo. X _____ months = \$ _____ Total cost

6. The monthly cost for the proposed equipment?

a. Maintenance \$ _____/mo. b. Supplies \$ _____/mo.

c. Operator classification: _____ Grade _____ Step _____

Number of FTE _____ How many hours per week per FTE _____?

d. Total space requirement _____ sq. ft.

e. Overhead Costs

1) supervision \$ _____/mo. 3) utilities \$ _____/mo.

2) management \$ _____/mo. 4) indirect costs \$ _____/mo.

7. What alternatives, in relation to this request, have you examined to meet our need?

FOR CENTRAL SERVICES USE ONLY

Date Received:

SER # _____

Analysis:

Approved _____ Disapproved

Suggested Alternatives/Comments (See attached)

Signature and title
Division of Central Services

Date